FORM D

Mall Processing Section

SEP 082008

Misshington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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SEC USE ONLY

DATE RECEIVED

OMB Approval

OMB Number: Expires:

3235-0076 May 31, 2002

Serial

Estimated average burden Hours per response

Prefix

16.00

101 Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B-1 Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE New Filing Type of Filing: Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ZeroPoint Clean Tech, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) P.O. Box 706, Potsdam, New York 13676 e phone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices) **Brief Description of Business** SEP 1 2 2008 Gasification/Energy Type of Business Organization limited partnership, already form corporation (please specify): business trust limited partnership, to be formed Month Year Actual Actual or Estimated Date of Incorporation or Organization: 2005 Estimated August Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction) Delaware

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of Information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Gaus, John	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State	. Zip Code)		
P.O. Box 706, Potsdam, New Y		, . ,,	, ,		
Check Box(es) that Apply:	Promoter	⊠ Beneficial	Executive Officer	Director	General and/or
		Owner	_		Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·		
Philip Leveson	· marridadi)				
Business or Residence Addre	ess (Number and	Street City State	7in Code)		
P.O. Box 706, Potsdam, New York		Succi, City, State	, zip code)		
Check Box(es) that Apply:	Promoter	Beneficial	Executive Officer	Director	General and/or
Check Box(cs) that Apply.	I Tolliotei	_	Z Executive Officer	Director	_
Evil Name /I act acres Cost 5	£:	Owner			Managing Partner
Full Name (Last name first, i	i individual)				
John Blend		0 0	7' 0 1)		•
Business or Residence Addre		Street, City, State	, Zip Code)		
P.O. Box 706, Potsdam, New Yo	ork 13676				
Check Box(es) that Apply:	Promoter	Beneficial	Executive Officer		☐ General and/or
	•	Owner			Managing Partner
Full Name (Last name first, i	f individual)				
Tom Scozzafava	•				
Business or Residence Addre	ess (Number and	Street, City, State	. Zip Code)		
P. O. Box 706, Potsdam, New Y		, , ,	,		
Check Box(es) that Apply:	Promoter	Beneficial	Executive Officer	Director	General and/or
• • • • • • • • • • • • • • • • • • • •	_	Owner	_	_	Managing Partner
Full Name (Last name first, i	f individual)				
Charles Riley	,				
Business or Residence Addre	ess (Number and	Street City State	Zip Code)		
P.O. Box 706, Potsdam, New		outer, only, oute	, 2.p code)		
Check Box(es) that Apply:	Promoter	⊠ Beneficial	Executive Officer	Director	General and/or
Check Box(es) that Apply.	☐ Tromoter	Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, i	findividual)	Owner			ividilaging i armer
Zedonix Investments N.V.	i ilidividuai)				
	Al	Chart City State	7:- C. d.)		
Business or Residence Addre			, Zip Code)		
Professor Molenaarlaan 34, 224				D D'	1. 1. 1/
Check Box(es) that Apply:	☐ Promoter	Beneficial	Executive Officer	Director	General and/or
		Owner			Managing Partner
Full Name (Last name first, i	t individual)				
Credit Suisse					
Business or Residence Addre	ss (Number and	Street, City, State	, Zip Code)		
P.O. Box 706, Potsdam, New	/ York 13676				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Supplement to Page 2 of 8
of
Form D
For
Series B-1 Preferred Stock of ZeroPoint Clean Tech, Inc.

Additional Beneficial Owner:

Golden Technology Management, LLC P.O. Box 706 Potsdam, New York 13676

	• •			B.	INFO	RMAT	ION A	BOUT	OFFER	UNG	•			
		•							•				Yes	No
1 Hac	the iccue	r eald ar	does the	iccuer int	end to se	II to pon	-accredit	ed investo	ors in this	affering	?			\boxtimes
i. Has	tile issue	Sold of	does the				lix, Colur			_			L	
			_			• •	•	•	_				* . *	
2. Wha	t is the m	iinimum	investme	nt that w	ill be acc	epted fro	m any in	dividual?	•••••				\$1,200	,000.00
													Yes	No
3. Does	the offe	ring pern	nit joint c	wnership	of a sin	gle unit?		•••••						\boxtimes
any the SE list	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)													
Full Na	me (Last	name fir	st, if indi	vidual)										
Busines	s or Resi	dence A	ddress (N	umber ar	nd Street,	City, Sta	ate, Zip C	ode)			 			
		. 15 1												
Name o	f Associa	ated Brok	ker or De	ater										
							Solicit P							a
(Check [AL]	"All Sta	tes" or ([AZ]	check ind [AR]	lividual : [CA]	States) [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	AII	States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Last	name fir	st, if indi	vidual)										
Busines	s or Resi	dence A	ddress (N	umber ar	nd Street,	City, Sta	ate, Zip C	ode)						
Name o	f Associa	ited Brok	er or De	aler						<u>.</u>				
States i	n Which	Person	Listed H	las Solici	ted or In	tends to	Solicit P	urchasei	rs					
(Check	"All Sta			lividual :	States)	••••••						***********	🗌 Ali	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Mar	me (Last	nama fir	et if indi	vidual)			<u> </u>					·		
ruit ivai	ilic (Last	name m	31, 11 IIIUI	viduai)										
Busines	s or Resi	dence A	ddress (N	umber ar	nd Street,	City, Sta	ate, Zip C	ode)						
Name o	f Associa	ited Brok	er or De	aler										
	n Which "All Sta						Solicit P							States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	AII	state3
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange				
	offering, check this box and indicate in the columns below the amounts of the securities				
	offered for exchange and already exchanged.				
	Type of Security		Aggregate		Amount
	. , , , , , , , , , , , , , , , , , , ,		ffering Price	A	Iready Sold
	Debt	\$	0	\$	0
	Equity		1,199,979	ς_	1,199,979
	☐ Common ☑ Preferred	Ψ	1,177,777	Ψ_	1,177,777
	Convertible Securities (including warrants)	\$		æ	
			0	Φ.	0
	Partnership Interests	.a		Φ_	
	Other (Specify)	.ֆ—	0	D _	1 100 070
	Total,,,,,	⊅_	1,199,979	\$_	1,199,979
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in				
	this offering and the aggregate dollar amounts of their purchases. For offerings under Rule				
	504, indicate the number of persons who have purchased securities and the aggregate dollar				
	amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	D	Aggregate ollar Amount of Purchases
	Accredited Investors		3	\$_	1,199,979
	Non-accredited Investors		0	\$	
	Total (for filings under rule 504 only)	-	0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE			-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of	D	ollar Amount
			Security		Sold
	Rule 505		<u> </u>	\$_	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$_	
4.a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an				
	expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_		
	Transfer Agent's Fees			\$_	0
	Printing and Engraving Costs			\$_	0
	Legal Fees		\boxtimes	\$_	6,000
	Accounting Fees			\$_	0
	Engineering Fees			\$_	0
	Sales Commissions (Specify finder's fees separately)			\$_	<u>0</u>
	Other Expenses (identify)			\$_	0
	Total			\$_	6,000
			_		

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXP	ENSES AND	<u>USE (</u>	OF PRO	CEE	LDS
b.		gregate offering price given in responsished in response to Part C – Quest eds to the issuer."	tion 4.a. This			\$	1,193,979
5.	be used for each of the purposes shown an estimate and check the box to the	usted gross proceeds to the issuer used n. If the amount for any purpose is not left of the estimate. The total of the jeds to the issuer set forth in response	known, furnish payments listed				
	Question 4.0 acove.			Payr	nents to		
					ficers,		
					ctors &		yments to
					filiates		Others
			=	\$	0	\$	0
				\$	0	\$	0
	,	tion of machinery and equipment	· 	\$	0	\$	0
	Construction or leasing of plant building	ngs and facilities		\$	0	\$	0
	offering that may be used in exchange	ling the value of securities involved in t for the assets or securities of another is	suer			\$	0
				\$	0 🔲	Ψ	_
	• •			\$		\$	0
	working capital			\$		\$	1,193,979
	Other						
		<u> </u>					
				e	0 🗆	•	0
	Column Totals			\$ \$		\$	0
				\$	0 🗆	\$	1,193,979
	Total Payments Listed (column totals a	audea)			П		
		D. FEDERAL SIGNATUI					
	issuer has duly caused this notice to be owing signature constitutes an undertaking						
	s staff, the information furnished by the is						
Iss	er (Print or Type)	Signature	Date				
70.	oPoint Clean Tech Inc	(And the second	9	-5-0	8		
	oPoint Clean Tech, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)			<u> </u>		
Joh	n Gaus	Chief Executive Officer					
		4.7751171011					
		ATTENTION					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presently subject to any of Yes No the disqualification provisions of such rule?									
	See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the ersigned duly authorized person.									
Iss	er (Print or Type) Signature Date									
Ze	oPoint Clean Tech, Inc. 9-5-08									
Na	ne of Signer (Print or Type) Title of Signer (Print or Type)									

Chief Executive Officer

Instruction:

John Gaus

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPE	ENDIX						
1	Intend Non-ac Inves	to Sell to credited tors in ate	Type of security And aggregate Offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, Attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Nonaccredited				No		
AL											
AK											
AZ											
AR											
CA											
СО											
СТ											
DE											
DC											
FL											
GA											
HI											
ID											
IL			i 								
IN											
IA											
KS											
KY							, 				
LA							78.6				
ME			<u> </u>								
MD											
MA											
МІ											
MN											
MS											
МО											
МТ											

				APPI	ENDIX				
1	Intend to Non-ac Invest	to Sell to credited tors in ate -Item 1)	Type of security And aggregate Offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
NE									
NV									
NH					•				
NJ									
NM									
NY									
NC									
ND									
ОН							<u>.</u>		
OK									
OR									
PA									
RI		:							
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR			•						

